

**CITY OF BOSTON
ASSESSING DEPARTMENT
EXEMPTION INFORMATION REQUISITION
PRELIMINARY CONSIDERATION - FY 2006
MASS. GENERAL LAWS Ch. 59, S. 38D**

GENERAL INFORMATION

NAME OF ORGANIZATION SEEKING EXEMPTION _____

CONTACT PERSON (Last Name, First)

TELEPHONE NUMBER (Day)

TELEPHONE NUMBER (Evening)

NUMBER AND STREET (Mailing Address)

CITY

STATE

ZIP CODE

PERSONAL PROPERTY

1. Is organization seeking exemption for personal property only (it owns no real estate)? ____ Yes ____ No
2. Assessing Business Identification No.(if known) _____

REAL PROPERTY IDENTIFICATION

Please provide the following information as it appears on the FY 2005 tax bill.

WARD

PARCEL NO.

TOTAL FULL VALUATION

CLASS

(Land Use)

LOCATION (Number and Street)

ZIP CODE

**(This section is intended for use where a single property is identified
for assessing purposes as multiple parcels.)**

MULTI-PARCEL SECTION

1. Does this property consist of more than one parcel? ____ Yes ____ No

2. If yes, please list all additional WARD and PARCEL numbers:

____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____

BASIS FOR EXEMPTION

1) **Please check the appropriate reason for exemption as of July 1, 2005.**

-- M.G.L. C.59, S.5, Clause Third (Literary, Benevolent, Charitable, Scientific, Temperance)

-- M.G.L. C.59, S.5, Clause Eleventh (House of Worship/Parsonage)

-- OTHER _____

2) Did the applicant file a Form 3ABC for FY 2006 with the Board of Assessors on or before 3/1/05?

Yes _____ Date ____/____/____ No _____

3) Is the applicant a Mass. Corporation? Yes _____ No _____

Under what statute is applicant incorporated? _____

4) Is the applicant the beneficiary of a charitable Trust? Yes _____ No _____

5) Is any of the income or profit divided among shareholders or members? Yes _____ No _____

6) **If filing for personal property exemption only, please go to last page section entitled, "Additional Information."**

REAL ESTATE OWNERSHIP/ ACQUISITION INFORMATION

1 Please indicate the owner of record as of July 1, 2005: _____

2. Please indicate the owner of record as of January 1, 2005

3. Please indicate the date when the property was acquired and the consideration:

Date: ____/____/____

Price: _____

4. Please check the appropriate reason for the acquisition

--Corporate change in title

--Relocating organization headquarters

--Establishing organization headquarters

--Investment

--Expansion (Describe intended use at the time of acquisition):

_____/_____/_____
WARD AND PARCEL NO.

GENERAL OCCUPANCY INFORMATION

1. Did the applicant use the entire real estate for which the exemption is claimed? ____Yes ____ No
2. Please complete the schedule below for the "entire real estate," indicating which areas are owner-occupied, vacant or occupied by tenants.

Floor Level	Occupant	Tenant Charitable Under Cl. 3? (If Tenant is Occupant)	Type of Space	Rentable Area	Rental Rate per Square Foot	Base Year of Lease	Lease Term (years)	Triple Net Lease? (Yes / No)	Rent Collected 1/1/05 - 12/31/05	Vacant as of 1/1/05? (Yes / No)	Vacant as of 7/1/05? (Yes / No)

Additional sources of Income: 1/1/04 - 12/31/04

Tax Clause Income _____	Parking: # spaces _____	Rate per space _____	day _____	month _____	year _____
Operating Clause Income _____	Billboard: # boards _____	Rent per board _____	day _____	month _____	year _____
Percentage Rent Income _____	Telecommunications Rent _____				
	Other Rent _____				

3. Is any part of the facilities rented or used on a short-term basis by outside groups or organizations? ____Yes ____ No
If yes, identify each such user, the location, rentable area, the amount charged and dates of use.

_____/_____/_____
WARD AND PARCEL NO.

OCCUPANCY SUMMARY	
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Please provide a brief description of how the property was used as of July 1, 2005.

OWNER-OCCUPANCY & CHARITABLE TENANT INFORMATION

For all space occupied either by the applicant or a charitable tenant as of July 1, 2005, please complete the following schedule:

[illegible]

_____/_____/_____
WARD AND PARCEL NO.

PARKING FACILITIES

LICENSE NUMBER _____

TOTAL NUMBER OF SPACES _____

PART ONE: Indicate the number of spaces and rates per space by type.

TYPE	# OF SPACES	RATES	VALIDATED? (Yes / No)
Staff			
Client			
Visitor			
Charitable Tenant			
Non-Charitable Tenant			
DAILY - non-related			
transient			
early bird special			
other: _____			
MONTHLY - non-related			
regular			
discount			
other: _____			
OTHER PARKING TYPE			

PART TWO: Complete this section if facility is also under a lease.

Rentable Area	Base Rent per SF	Base Year	Lease Term

PART THREE: Miscellaneous Information

1. What measures does the applicant take to ensure that the parking designated for staff, clients, visitors or charitable tenants is reserved exclusively for their use?

2. Are these facilities operated or managed by an outside company? ____ Yes ____ No
If yes, please provide a copy of the agreement.

OPERATING EXPENSE INFORMATION

Includes property-related expenses only, not program expenses.

ADMINISTRATIVE	PAID BY OWNER	PAID BY TENANT
Payroll		
Management		
Legal		
General Office		
Security		
TOTAL		
CLEANING		
Payroll		
Contracts		
Supplies		
Trash		
Miscellaneous		
TOTAL		
REPAIRS & MAINTENANCE		
Payroll		
Elevators		
HVAC		
Electrical		
Plumbing		
Supplies		
Miscellaneous		
TOTAL		
UTILITIES		
Electric		
Gas		
Oil		
Steam		
Water		
Miscellaneous		
TOTAL		
LEASING EXPENSES		
Advertising		
Commissions		
Leasing Concessions (detail on Sch. B)		
Lease Buyouts		
Lease Buyouts		
TOTAL		
FIXED EXPENSES		
Building Insurance		
Replacement Reserves		
Capital Improvements (detail on Sch. A)		
Gov't.-Mandated Improvements		
TOTAL		
GRAND TOTAL		

_____/_____/_____
WARD AND PARCEL NO.

OPERATING EXPENSE INFORMATION (continued)

Schedule A Capital Improvements

Please indicate any improvements made within the last five years.

[illegible]

Schedule B Leasing Concessions

[illegible]

ADDITIONAL INFORMATION

Please provide a copy of the following documents for applicant:

1. Form 3ABC for FY 2006 filed on or before March 1, 2005. (If applicant did not already file Form 3ABC for FY 2006, please file with this application and identify it as a new filing.)
2. Deed of Property.
3. Articles of Organization or Charter.
4. Organization By-laws.
5. If Charitable Trust, the trust and the schedule of beneficiaries as recorded at the Registry of Deeds.
6. List of current officers and directors or trustees of the organization, including their residential addresses.
7. Certificate of exemption from Mass. sales tax.
8. Federal exemption 501(c) (3) letter.
9. Annual financial report.
10. Brochures or literature describing charitable activities.

(If property was occupied by charitable tenants, please provide copies of above referenced documents for each charitable tenant. If property consists of multiple parcels, file a separate preliminary consideration form for each parcel but send one set of documents only.)

PLEASE NOTE:

*The Assessing Department Board of Review may review the information you have submitted here **at its option**, but is under **no obligation** to review such materials in advance of the third quarter tax bill for FY 2005. Accordingly, if a tax is assessed on the third quarter tax bill but you believe the property qualifies for tax exemption, you must file a timely application for abatement after the fiscal year 2006 third quarter tax bill is issued in late December 2005. In order to maintain compliance with state laws, **the Assessing Department will not inform you of any preliminary decision by letter**. The third quarter fiscal year 2006 tax bill, issued in late December 2005, will reflect whether or not you have received an exemption. If you do not receive a tax bill, please request a duplicate tax bill from the Office of the Collector-Treasurer.*

*Charitable organizations and certain other exempt entities have an ongoing annual obligation to file the "**Form 3ABC**," entitled **Return of Property Held for Charitable and Other Purposes**, on or before **March 1** prior to each fiscal year. (Form 3ABC is not required for religious organizations whose only property is a house of worship or a rectory.) The filing of the Form 3ABC is mandatory and cannot be waived by the assessors. If an organization fails to file this Form every year or fails to file this form on time each year, no exemption can be granted, and previously exempt properties may be taxed. For fiscal year 2006, the Form 3ABC was due in the Assessors' office on **March 1, 2005**.*

In order to be eligible for exemption in fiscal year 2006, the Form 3ABC must be filed on or before March 1, 2005.

OWNER'S STATEMENT:

I have read and understand the note above, and I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. (If Applicable) I here authorize the representative whose signature appears at Right to act on behalf of the applicant's behalf.

Signature of Applicant's Officer or Director
Date: ____/____/____

REPRESENTATIVE'S STATEMENT:

I have read and understand the note above, and I certify under pains and penalties of perjury that the information supplied in this requisition is to the best of my knowledge true and correct and that I am the representative.

Signature of Representative
Date: ____/____/____